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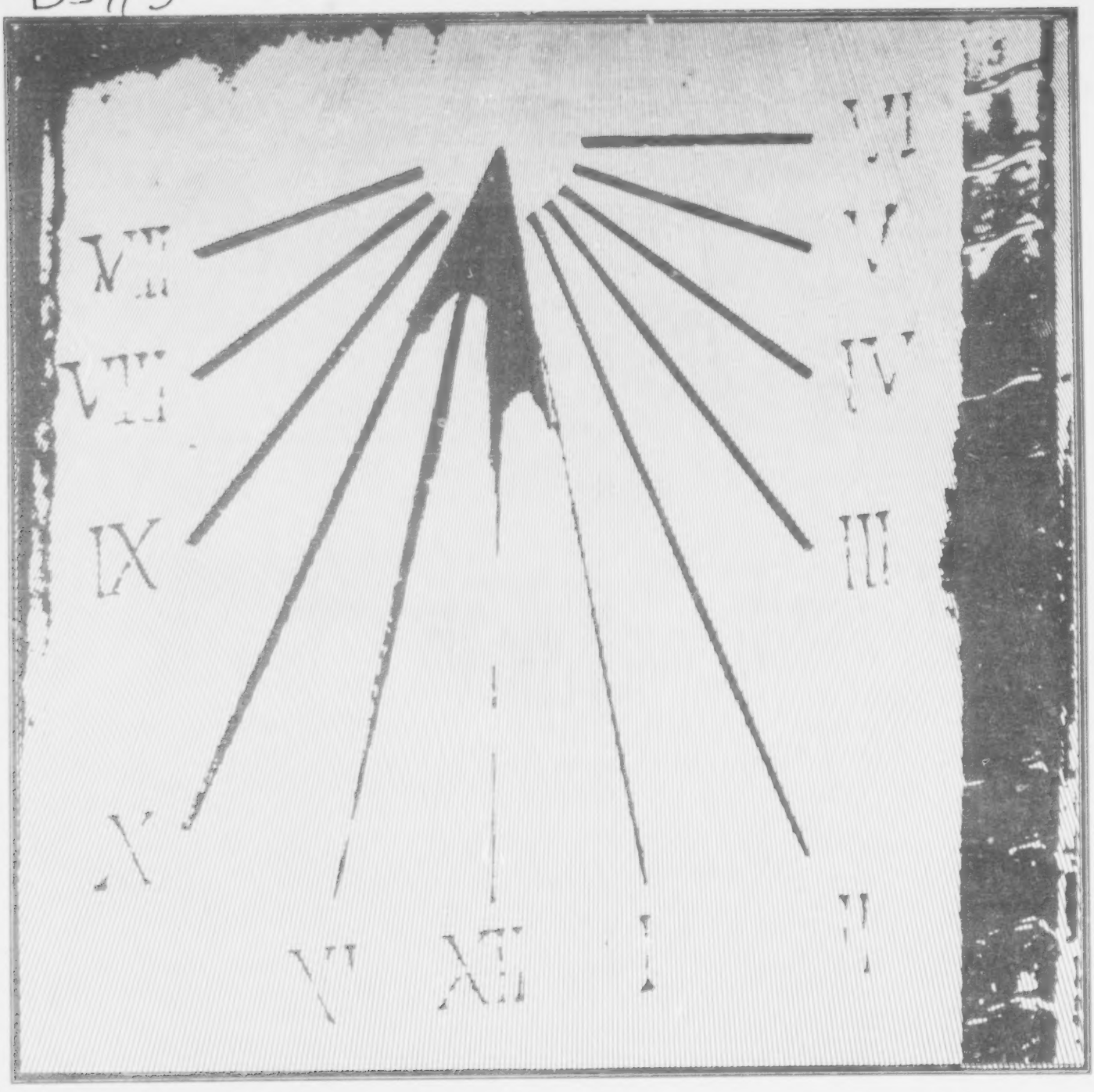

Diabetes and Aging

Selected Annotations

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Diabetes and Aging

Selected Annotations

Prepared by the
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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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DIABETES AND AGING: SELECTED ANNOTATIONS

PREFACE

The National Diabetes Information Clearinghouse has prepared this bibliography as a resource for those needing information about diabetes in older persons. The bibliography includes print and nonprint materials organized in two sections: Public and Patient Resources and Professional Resources.

No attempt has been made to assess the educational value of the items listed, and their inclusion does not imply endorsement by the National Institute of Arthritis, Metabolism, and Digestive Diseases. If an item has been evaluated by an organization, that information is included. The listing is a selection of materials available on this subject and is not intended to be exhaustive.

Since the Clearinghouse does not distribute materials, please contact the source indicated. Journal articles may be located with the assistance of a local library or a medical library. Your comments and inquiries and also additional materials on the subject are welcomed. Please send these to the following address:

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EXPLANATORY NOTES

1. The format for bibliographic citations generally follows National Library of Medicine bibliographic practices or those of American National Standard for Bibliographic References.

2. Unsigned abstracts have been prepared by NDIC staff. Sources of other abstracts are indicated by the following abbreviations:

AA	Author abstract
AP	American Podiatry Association
AVLINE	Audio Visuals On-Line, National Library of Medicine
UM	University of Michigan, Learning Resource Center and Diabetes Research and Training Center, Audiovisual Resources for Diabetes Education. 2d ed. Ann Arbor: The University, 1980.
-M	Abstract modified by Clearinghouse staff

3. Abbreviations Used in Citations:

[anon.]:	Author unknown
b&w:	Black and white
[n.d.]:	Date unknown
sd:	Sound

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DIABETES AND AGING: SELECTED ANNOTATIONS

PUBLIC AND PATIENT RESOURCES

Print Materials

1. Aging and Nutrition. Ross Laboratories. Columbus, OH: Ross Laboratories; 1979. 29p.

   The booklet focuses on the nutritional needs of older people and the way these needs are affected by physiological and psychosocial factors in the aging process. Chronic diseases, including diabetes, and their interaction with the effects of aging are briefly described. The importance of assessing nutritional needs in older persons is stressed.

   Price: $1.25 each/minimum order of $5.00.

   Source: Ross Laboratories; 585 Cleveland Avenue; Columbus, OH 43216. (614) 227-3557.

2. The Aging Eye: Facts on Eye Care for Older Persons. [anon.]. New York: National Society for the Prevention of Blindness; 1977. 12 p.

   Types of visual impairment which may accompany aging and their causes are briefly described. Appropriate therapies or methods to compensate for lost vision are discussed. Regular visits to an ophthalmologist are recommended for older persons with diabetes so that retinopathy can be diagnosed early. First aid tips for injuries to the eye are listed.

   Price: Free/1; $8.00/100.

   Source: National Society for the Prevention of Blindness, Inc.; 79 Madison Avenue; New York, NY 10016. (212) 684-3505.

3. As We Grow Older . . .. [anon.]. New York: National Association for Visually Handicapped; [n.d.]. 6 p.

   The purposes and programs of the National Association for Visually Handicapped are summarized. Statistics showing the need for this voluntary association are given.

   Price: Free.

Source: National Association for Visually Handicapped; 305 East 24th Street; New York, NY 10010. (212) 889-3141.

4. Diabetes and Aging. J. Tobin; R. Andres. Bethesda: National Institutes of Health; 1979. 6 p.

Interpretation of the results of the glucose tolerance test in older persons is explained. The authors suggest that an age-adjusted scale be used to avoid any misdiagnosis of diabetes. Such a scale takes into account the normal increase in average glucose concentration with age.

Price: Free. Order No.: (NIH) 79-1408.

Source: National Institutes of Health, National Institute on Aging. Building 31, Room 5C36; Bethesda, MD 20205. (301) 496-1752.

5. Diabetes: A New Look at an Old Problem. B. E. Lowenstein; P. D. Preger. New York: Harper and Row; 1976. 274 p.

This large-type book emphasizes the importance of self-care in diabetes management. Self-care requires proper use of insulin (when prescribed), a balance of diet and exercise, and knowledge of hygiene, emergency procedures, and the relationship between the disease and the individual's emotional state. The effect of good control on both the life span and the quality of life is discussed. One chapter is devoted to the problems of diagnosing and managing diabetes in older people.

Price: $12.95.

Source: Harper and Row Publishers, Inc.; 10 East 53rd Street; New York, NY 10022. (212) 593-7000.

6. Living Longer, Living Better. E. F. Schmerl. Diabetes Forecast. 31(5):28-31; September-October 1978.

The author discusses the effects of physiological changes that occur with aging, especially alterations in homeostatic control, the regulatory mechanism that balances bodily functions. Carbohydrate intolerance with increasing age is cited as an example of diminished homeostatic control. The importance of maintaining a flexible, healthful lifestyle and a positive attitude toward aging is stressed. The author suggests four basic principles to help older people improve the quality of their lives: (1) avoiding excessive weight and idleness, (2) cultivating habits of moderation, (3) controlling anger and impatience, and (4) keeping informed. Specific topics

discussed include the use of oral hypoglycemic agents and other medications, blood sugar levels, urine testing, foot care, visual aids, and sources of financial and medical assistance.

7. Soaring at 71. E. Lyss. Diabetes Forecast. 31(3):16-20; May-June 1978.

This is the personal account of a 71-year-old man who has had noninsulin-dependent diabetes since age 58 and has successfully controlled his condition with a strict diet and regular exercise. The author emphasizes both physical activity and involvement with the needs and problems of others. Travel, home remodeling, and motorcycling are features of his lifestyle.

8. SSI for the Aged, Blind and Disabled. [anon.]. Washington, DC: Social Security Administration; 1978. 4 p.

Information about the Supplemental Security Income program includes definitions of disabilities which may qualify an individual for assistance and explanations of other eligibility requirements.

Price: Free.

Source: Local Social Security Administration office.

Print Materials

9. Amyloidosis of the Islets of Langerhans in Relation to Diabetes Mellitus and Aging. M. Melato; G. Antonutto; E. Ferronato. Beitraege zur Pathol. 160(1):73-81; April 1977.

   Research on amyloidosis of the islets of Langerhans is reviewed, and the results from a study of a random sample of 200 autopsies are presented. The author was interested in examining the relationship among amyloidosis of the islets of Langerhans, diabetes mellitus, and aging. The analysis indicated a close relationship between the general process of aging and insular amyloid deposits. Diabetes mellitus increased the amount of these deposits only in patients of a more advanced age. (AA-M))

10. Clinical Pearls in the Use of Insulin in the Elderly Diabetic. C. R. Shuman. Geriatrics. 35(3):47-64; March 1980.

    Indications for temporary or ongoing insulin therapy in elderly patients with symptoms of hypoglycemia are reviewed. Insulin may be introduced after diet and oral medications have failed to achieve therapeutic goals, particularly if weight loss symptomatic of insulin deficiency occurs. The appropriateness of normoglycemia as a goal depends upon the tendency of the patient to ketosis, the need to control vascular complications, and the condition precipitating insulin dependency. Self-injection appears to present problems, particularly for the visually impaired, which might be alleviated through teaching in the patient's home. Procedures for stabilizing the elderly insulin-dependent patient, treating coma and ketoacidosis, and modifying therapy if surgery is required are detailed. The frequency of insulin allergy in the elderly and the use of purified porcine insulin to avoid reactions are also discussed.

11. Common Foot Complications in the Elderly Diabetic. A. E. Helfand. Journal of the American Podiatry Association. 67(6):406-408; June 1977.

    Foot care, considered essential in all cases of diabetes, becomes critical for older people. The ability to recognize early changes in the foot is the major defense against impairment and the restricted mobility that could result. Clinical indications of vascular impairment, neuropathy and neurotrophy, bone abnormalities, dermatological disturbances and pathologies, and local trauma are detailed. Procedures for ulcer management include devices worn to decrease trauma, physical therapy, and drug therapy. A team approach to care is emphasized.

12. Diabetes Mellitus and the Elderly. B. A. Schenk; M. A. Caston; M. Adams. In: D. R. Blevins, ed. The Diabetic and Nursing Care. New York: McGraw-Hill; 1979. pp. 336-346.

The prevalence of diabetes in the elderly is discussed, followed by a brief section which addresses the issues of diagnosis and complications. The role of the nurse in patient assessment and management is examined. Information on diet, medications, exercise, foot care, urine testing, and other measures to promote health and avoid complications of diabetes is included.

Price: $14.95.

Source: McGraw-Hill Book Company; 1221 Avenue of the Americas; New York, NY 10036. (212) 997-1221.

13. Diagnosis and Management of Diabetes in the Elderly. C. E. Eliopoulus. American Journal of Nursing. 78(5):884-886; May 1978.

The unique characteristics and problems of the elderly complicate the diagnosis and management of diabetes mellitus. Glucose tolerance test results must be adjusted for age and can be influenced by an individual's nutritional status, level of activity, recent illnesses, and drug therapies. A graphic presentation lists major chronic complications of diabetes. Nursing management of older persons with diabetes emphasizes education of the patient in self-care. Special attention is given to helping patients identify any difficulties arising from visual impairment or decreased mobility.

14. Diet Prescription--Geriatric Client. [anon.]. Cleveland: Diabetes Association of Greater Cleveland; 1977. 3 p.

Criteria for dietary management of the older person with reduced glucose tolerance are briefly discussed. A bibliography of sources on nutrition for geriatric clients is attached.

Price: Free/1; $0.10/2 or more.

Source: Diabetes Association of Greater Cleveland; 2022 Lee Road; Cleveland, OH 44118. (216) 371-3301.

15. The Effect of Aging on Carbohydrate Metabolism: A Review of the English Literature and a Practical Approach to the Diagnosis of Diabetes Mellitus in the Elderly. M. B. Davidson. Metabolism. 28(6):688-705; June 1979.

Most agree that age affects the results of glucose tolerance tests. The mechanism(s) for this alteration remains unclear. Five possibilities have been raised: (1) poor diet, (2) physical inactivity, (3) decreased lean body mass in which to store the carbohydrate load,

(4) decreased insulin secretion, and (5) insulin antagonism. The evidence for insulin antagonism seems the strongest, but the data are not conclusive. Alternatively, the glucose intolerance of aging may be brought about by diseases unrelated to diabetes. Based on the currently available data, it seems prudent to diagnose diabetes mellitus only if fasting hyperglycemia is present. (AA-M))

16. The Elderly Diabetic: An Educator's Challenge. J. B. Kratzer. Diabetes Educator. 5(3):11-12; Fall, 1979.

This article describes the cooperative efforts of a nurse educator, the nursing staff, a clinical dietitian, and a visiting nurse to help a forgetful 73-year-old widower newly diagnosed as diabetic through in-hospital instruction and outpatient followup. Repetitive instruction in insulin injection and urine testing and accommodation to the patient's limited vision and mobility were necessary.

17. Hyperosmolar Nonketotic Coma in the Elderly Diabetic. S. Podolsky. Medical Clinics of North America. 62(4):815-28; July 1978.

Hyperosmolar nonketotic coma or severe diabetic stupor without ketosis often goes unrecognized because patients are usually middle-aged or elderly with mild diabetes. A lack of urgency in treating these patients is probably the cause of the widely reported mortality (40 to 70 percent). (AA-M)

18. Impact of Psychosocial Factors on Maturity-Onset Diabetes. T. R. Rabinovitch. Dissertation Abstracts International. 39(12-A):7175-7176; June 1979.

The relationship of diabetes to psychosocial factors was studied retrospectively in 105 patients. The subjects were divided according to sex and age (50 to 64 and over 65 years of age). Medical records were reviewed and two questionnaires were utilized for the interview. Seventy-four percent of the patients were unaware of their last blood sugar, 72 percent did not regularly test their urine, 52 percent did not know the names of their medications, 55 percent took extra meals, 40 percent did not understand the relationship between diabetes, other diseases, and complications, and 43 percent were not doing as well as they perceived. The results suggest a need for education of the patient and persons on whom the patient depends, as well as society in general. (AA-M)

19. Kinetics of Native Insulin in Diabetic, Obese, and Aged Men. E. A. McGuire; J. D. Tobin; M. Berman; R. Andres. Diabetes. 28(2):110-120; February 1979.

The euglycemic clamp technique was used to study the kinetics of unlabeled porcine insulin in 69 nondiabetic male subjects aged 18-83

years with obesity indexes of 0.93-1.51 and in 12 maturity-onset diabetics age 46-78 years with obesity indexes of 0.95-1.56. The data were analyzed by subject's age, obesity index, and whether or not he had diabetes. The results indicate some transient as well as steady state differences by age, obesity, or diabetes. Analysis of these data by use of compartmental models suggests that in the steady state the ratio of insulin in extravascular spaces to that in plasma (T/P) is decreased in the moderately obese group and in the diabetic group but increased in the older group when each is compared with the appropriate control. Since extravascular insulin includes both insulin bound to receptors and insulin in the interstitial fluid, these results most likely reflect changes in in vivo binding to receptors. In addition, the rate of entry of new insulin into plasma was increased in the diabetic population as well as in the moderately obese group but was decreased somewhat in the older group. In general, the author concludes that the changes seen with obesity are similar to those seen with maturity-onset diabetes. The decrease in T/P seen with obesity and with maturity-onset diabetes cannot be accounted for solely by changes in fasting plasma insulin levels in these populations. Second, the pattern of changes seen in the older subjects is opposite that seen in the maturity-onset diabetics, which suggests that diabetes is a perturbation distinct from the normal aging process. Finally, the changes in the metabolism of insulin are not large, making it unlikely that they are the sole cause of the major alterations in glucose tolerance seen with aging, obesity, or diabetes. (AA-M)

20. Nutrition and the Elderly. B. M. Posner. Lexington: D.C. Heath; 1979; 183 p.

The Nutrition Program for Older Americans, started in 1973 under the auspices of the Administration on Aging, is described and evaluated. Program costs, dietary guidelines, nutrition literature, and the nutritional status of the elderly are discussed. Nutrition requirements of older persons with diabetes are addressed within this broad context.

Price: $18.95.

Source: Lexington Books; D.C. Heath and Company; 125 Spring Street; Lexington, MA 02173. (617) 862-6650.

21. Oral Agents and the Elderly Diabetic. T. G. Skillman. Geriatrics. 34(12):41-6; December 1979.

Insulin-dependent and noninsulin-dependent diabetes are compared in terms of relative insulin deficiency and resistance to endogenous insulin. Glucose tolerance tests are necessary to detect noninsulin-dependent diabetes. Achievement of normoglycemia and avoidance of complications in elderly noninsulin-dependent diabetics depend on adherence to diet, patient education, and avoidance of drug interactions. Studies of possible hazards of oral hypoglycemics are

cited. While research results are not conclusive, they may have influenced the trend towards use of diet instead of drug therapy. Studies of the relationship of sulfonylureas and diet to insulin sensitivity and a test of insulin tolerance provide additional criteria for deciding the most appropriate therapy.

22. Side Effects of Therapy in Diabetes Evaluated by a Self-Administered Questionnaire. K. M. Shaw; C. J. Bulpitt; A. Bloom. Journal of Chronic Diseases. 30(1):39-48; January 1977.

A self-administered questionnaire, designed to identify the side effects of treatment in diabetes, was completed by 437 patients (94 percent response rate). Fifty percent of the patients were receiving oral hypoglycemic agents alone, 30 percent were on insulin, and 20 percent were on diet alone. For analytic purposes, patients were subdivided into treatment groups and symptoms assessed in relation to therapy, age, duration of diabetes, and blood sugar. Patients on phenformin complained significantly more of stomach pains, diarrhea, headache, and cramps in the legs; patients on glibenclamide of dry mouth and nocturia; and patients on chlorpropamide of slow walking pace and burning in the limbs. Patients on glibenclamide or phenformin reported more weakness of the limbs, unrelated to blood sugar or age. One-third of patients on insulin reported attacks of sweating and confusion. A total complaint rate for each therapeutic group was calculated. Highest complaint rates occurred in patients on phenformin and on glibenclamide, while chlorpropamide compared favorably with diet alone. Patients under 59 years of age tolerated oral hypoglycemic agents less well than insulin or diet alone. (AA-M)

23. Spectrum of Severity and Control of Diabetes Mellitus in a Skilled Nursing Facility. J. G. Zimmer; T. F. Williams. Journal of the American Geriatrics Society. 26(10):443-452; October 1978.

An assessment was made of 359 elderly patients with diabetes mellitus in 39 skilled nursing facilities in upstate New York. The diagnostic prevalence of diabetes in this group was about 12 percent. Greater frequency and severity were observed among the women, although the median age for all patients with diabetes was about the same as that of the rest of the nursing facility population. The disease was usually mild in this population with a low frequency of poor control or complications. Problems arose most often with diagnostic and control data and records. In some cases, the diagnosis had been based upon hospitalization for acute conditions with attendant high-glucose levels, which subsequently returned to normal. Nevertheless, the diagnosis of diabetes remained. A cause-and-effect relationship between the control of blood glucose and treatment outcomes was not established with certainty in this study. The need for developing criteria and standards for medical care evaluation studies for this age group is discussed. (AA-M)

Nonprint Materials

24. Anesthetic Management of the Elderly Diabetic Patient [Sound recording]. E. R. Johnson. Glendale, CA: Audio-Digest Foundation; 1978. 1 cassette; 16 min. (Anesthesiology, Vol. 20, No. 16, Sides A & B).

The anesthetic management of the elderly diabetic patient is reviewed. The following points are made: the functional age of the diabetic patient is the chronological age plus the number of years the patient has had diabetes; the anesthesiologist needs to determine the duration of the disease, the drugs the patient is taking, and the effect of the disease on the patient's cardiovascular system, kidneys, and nervous system; the diabetic patient should be first on the surgery schedule; insulin and drugs should be withheld the morning of surgery. Use of specific drugs is discussed (UM).

Price: $6.00.

Source: Audio-Digest Foundation; 1577 East Chevy Chase Drive; Glendale, CA 91206. (213) 240-7500.

25. The Daily Treatment of Diabetes [Videorecording]. Minneapolis: Em Com; 1974. 1 cassette; 4 min.; sd.; color; 3/4 in. (We Care Series, No. 6).

This program is designed to educate the nursing assistant about the daily treatment of diabetes. The role the assistant can play in improving the diet, medication administration, exercise regimen, and personal hygiene of the person with diabetes is demonstrated. Instruction in proper foot care is shown. (UM-M).

Price: $195.00

Source: Omnia Corporation; 1301 East 79th Street; Bloomington, MN 55420. Attention: Debra Iverson. (612) 854-3113.

26. Diabetes and Aging [Sound recording]. S. Goldstein. Hamilton, Ontario: McMaster University; 1979. 1 cassette; 33 min. Accompanied by: print materials. (Day in Geriatrics, No. 1, Side A).

Diabetes is defined in this program as an absolute or relative deficiency of insulin, or inappropriate hyperglycemia. The following topics are discussed: age-related changes in the reaction of cells to insulin and related hormones; the natural history of diabetes

mellitus; the effect of age on glucose tolerance; insulin production and release defects; excessive degradation of insulin in the liver and defects in the insulin receptor mechanisms; the differences between high and low insulin output in diabetes; the relation of body weight to insulin requirements and output; and genetic disorders associated with glucose intolerance and/or insulin resistance. (UM-M).

Price: $7.50.

Source: McMaster University; Health Sciences Library; 1200 Main Street, W; Room 1G8; Hamilton, Ontario, CANADA L8S 4J9. (416) 525-9140, ext. 2140.

27. Diabetes and the Older Patient [Videorecording]. Minneapolis: Em Com; 1974. 1 cassette; 7 min.; sd.; color; 3/4 in.

The role of the nursing assistant in preventive care in the nursing home environment includes observation of patients for symptoms of diabetes. Insulin reactions and acidosis are discussed. The importance of detection in the prevention of complications is emphasized. (UM-M)

Price: $195.00

Source: Omnia Corporation; 1301 East 79th Street; Bloomington, MN 55420. Attention: Debra Iverson. (612) 854-3113.

28. Diabetes Mellitus in the Aged [Sound recording]. London, Ontario: College of Family Physicians of Canada; 1977. 1 cassette; 13 min. (Medifacts, Vol. 7, No. 2, Side B).

The diagnosis and management of diabetes mellitus in older persons are outlined. The following points are made: the fasting blood sugar, urine analysis, postprandial blood sugar, and occasionally the glucose tolerance test are useful in diagnosing diabetes in older people; diet is the first form of therapy used with carbohydrate and calorie restriction if the patient is overweight; if diet alone does not control the diabetes, oral agents may be used; insulin can be used if other measures fail; weight control in the elderly is highly desirable but sometimes difficult to achieve. (UM-M).

Price: $2.50.

Source: University of Western Ontario; Canadian Library of Family Medicine; Medical Building; London, Ontario, CANADA. N6A 5C1. (519) 679-2111.

29. Diabetes Mellitus or Only Dysglycemia [Sound recording]. W. B. Spaulding. Hamilton, Ontario: McMaster University; 1979. 1 cassette; 45 min. (Day in Geriatrics, No. 1, Side B).

The program addresses the issue of an abnormal glucose tolerance test (GTT) in the elderly: does it indicate diabetes, or is it due to the normal aging process? The author supports the latter view and discusses the negative aspects of using the GTT to diagnose diabetes in the elderly and the possible reasons for decrease in glucose tolerance with age (inactivity, obesity, coexistent disease, medications, "tired" beta cells, and pancreatic ischemia). The problem of defining diabetes, the risks of hyperglycemia, and the use of oral agents versus insulin in the treatment of diabetes are also discussed. (UM-M)

Price: $7.50.

Source: McMaster University; Health Sciences Library; 1200 Main Street, W; Room 1G8; Hamilton, Ontario, CANADA L85 4J9. (416) 525-9140, ext. 2140.

30. Geriatric Pharmacy Practice: What Hospital and Nursing Home Pharmacists Should Know [Sound recording]. Chicago: Teach'em; 1977. 6 cassettes; 360 min.; 2-track; mono. Accompanied by a guide.

Highlights from a 3-day educational institute developed to provide training and continuing education of hospital, consultant, and registered pharmacists concerned with geriatric pharmacy practice are recorded. Six specialists examine such topics as: (1) current trends in geriatric practice; (2) drugs and the physiology of aging; (3) effects of aging on drug therapy; (4) psychological and emotional characteristics of the elderly; (5) managing multiple disease conditions; and (6) pathophysiology of diabetes and hypertension in the aged patient. (Teach'em-M).

Price: $65.00.

Source: Teach'em, Incorporated; 625 North Michigan Avenue; Chicago, IL 60611; 160 East Illinois Street; Chicago, IL 60611. (313) 467-0424.

31. Identifying Common Foot Problems in the Elderly Diabetic [Slide-tape]. Pennsylvania College of Podiatric Medicine. Washington: American Podiatry Association; 1973. 32 slides; color; 2 x 2 in. Accompanied by: 1 cassette; 10 min.

The narrator briefly identifies each of the 32 slides as to the disorder or condition depicted. A 10-minute cassette tape narration accompanies the series. (AP).

Price: Loan: $4.00/1-5 days; Sale: $19.00.

Source: American Podiatry Association; 20 Chevy Chase Circle, N.W.; Washington, DC 20015. (202) 537-4992.

32. The Older Diabetic Patient at Home [Slide-tape]. Buffalo: Communications in Learning; 1972. 4 slides. Accompanied by: 1 cassette, 32 min.

In this program, a nutritionist interviews three elderly diabetic patients. All have similar diabetic experiences and backgrounds, but each is under a different regimen to control the disease. Their responses to questions about the diabetic diet are reviewed and analyzed. (UM-M)

Price: Loan: 40 percent of purchase price; Sale: $18.60 plus $2.00 shipping.

Source: Communications in Learning, Incorporated; 2280 Main Street; Buffalo, NY 14214. (716) 837-7555.

33. Patient Interview: Diabetic with Cataracts and Prostheses [Videorecording]. Farmington: University of Connecticut; [n.d.]. 1 cassette; 21 min.; sd.; b&w; 3/4 in.

An elderly black woman with cataracts and both legs amputated recounts her medical history over the past 10 years. She describes her symptoms, treatments, and the adjustments she was forced to make. A nurse conducts the interview, and the attending physician points out her deteriorating thenar eminence and leg prostheses and discusses her recent cataract surgery. (UM-M)

Price: Loan: $4.00/3 weeks. Must be obtained through interlibrary loan.

Source: University of Connecticut Health Center; Biomedical Communications (BMC); Learning Resource Center; Farmington Avenue; Farmington, CT 06032. (203) 674-2379.

34. Special Problems in the Older Diabetic Patient [Motion picture]. Kalamazoo, MI: Upjohn; 1973. 1 reel; 22 min.; sd.; color; 16 mm. (Upjohn Vanguard of Medicine, No. 34).

The special problems of the older person with diabetes are addressed. Factors that may complicate the diagnosis of diabetes are reviewed. The aging process can disguise accurate laboratory test results; i.e., a high renal threshold in older patients may make urine testing unreliable. The program recommends the use of glucose tolerance

testing and examination of the feet, skin, vision, and reflexes as valuable diagnostic methods. It also stresses the health care team approach to the management of older people and the need to consider their emotions, diet, and lifestyles. Recommended rating on AVLINE. (UM-M)

Price: Loan: free; not for sale.

Source: Upjohn Company; Professional Film Library; 7000 Portage Road; Kalamazoo, MI 49001. (616) 323-5309.

35. Uniqueness of Diabetes Mellitus in the Elderly [Sound recording]. Buffalo: Communications in Learning; 1977. 1 cassette; 28 min. Accompanied by: handout, 2 p.

Physical, psychological, and socioeconomic factors which may complicate the management of diabetes in older persons are discussed in detail. The increased danger of hypoglycemic shock, lactic acidosis, or hyperglycemic hyperosmolar nonketotic coma is noted. Such management techniques as medicine administration, urine testing, personal hygiene, and foot care must be presented clearly and made as easy to perform as possible. Nursing assistance may be required in carrying out some of these functions. (UM-M)

Price: Loan: 40 percent of purchase price; Sale: $14.85.

Source: Communications in Learning, Incorporated; 2280 Main Street; Buffalo, NY 14214. (716) 837-7555.

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